

CASE NUMBER

To be assigned by Court

The State of New Hampshire

JUDICIAL BRANCH - SUPERIOR COURT

In the matter of _____

PETITION TO ESTABLISH PATERNITY AND/OR SUPPORT

1. Your Name _____
2. Child(ren)'s Father's Name _____ Date of Birth _____
Residence Address _____
Town/City _____ County _____ State _____
3. Child(ren)'s Mother's Name _____ Date of Birth _____
Residence Address _____
Town/City _____ County _____ State _____
4. You have been a resident of New Hampshire since _____

5. Child(ren) whose paternity is to be established:

NAME	DATE OF BIRTH	ADDRESS

6. The children have resided in New Hampshire since _____
7. State the name of the father, if any, listed on each child's birth certificate _____

8. Was the mother married at the time of, or within 10 months before the birth of any child listed in Paragraph 5? ☐ Yes ☐ No
9. If your answer to Paragraph 8 was Yes, fill in name and address of her spouse or former spouse:

10. Please check one of the following regarding public assistance:

- ☐ No public assistance (AFDC/TANF) is now being or has within the last 6 months been provided, nor is medical assistance (Medicaid) presently being provided, for any minor child listed in Paragraph 5.
- ☐ The N.H. Department of Health and Human Services is providing or has provided within the last 6 months public assistance (AFDC/TANF) and/or medical assistance (Medicaid) for any minor child. If this is checked, you must mail copies of this petition and the confidential data sheet to the Department at:

OCS Legal Office
6 Hazen Drive
Concord, NH 03301

11. By filing this petition, you are asking that the Court:

- A. Find that the man listed above is the father of the children listed in Paragraph 5, and enter his name on each child's birth certificate:
- B. ☐ Check here if you wish the Court to issue orders concerning the custody, visitation, support, health insurance, and other matters relating to the minor children;
- C. Grant any other orders which may be appropriate.

12. **Temporary Orders**, if issued, are in effect until the final orders are granted.

- ☐ Check here if you wish the Court to issue **temporary** orders concerning the custody, visitation, support, health insurance, and other matters relating to the children listed in Paragraph 5.

Date

Signature (Sign in front of Notary Public or Justice of the Peace)

Attorney (if any)

Attorney's address

State of New Hampshire

County

The person signing this petition appeared and signed before me and took oath that the facts stated in this petition are true, to the best of his or her knowledge and belief, and that he/she has mailed the copies of this petition and the confidential data sheet to OCS (if required under paragraph 10).

Date

Notary Public / Justice of the Peace